U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## **FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

For Official Use Only		
E OLMS (1)	READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
1. File Number U- 628	2	2. Fiscal Year Covered From:
		01 / 01 / 2004 Through: 17 / 31 / 2004
Name and address of person fi	iling.	Name, file number, and address of labor organization.
Name Kaven	Bush	Name NFLPA / Players
		Labor Organization File Number 065-533
P.O. Box, Bldg., Room No., if an	ıy	P.O. Box, Building and Room Number, if any
Street 2021 L	Street NW #500	Street 2021 L Street NW #500
city Washin	gton	chy Washington DC
State DC	ZIP Code + 4 20036	State DC ZIP Code + 4 2003 Cp
5. Position In labor organization.	Licensing, mar,	Trading Cards & Collectibles
Enter appropriate data below		use or minor child directly or indirectly had any of the following interests islans set forth in the instructions):
A. Held an interest in, engaged	(except as specified in the excluding loans) with, or of	
A. Held an interest in, engaged	(except as specified in the excluding loans) with, or open whose employees your organizations.	derived income or other economic benefit of
A. Held an interest in, engaged monetary value from an emple	(except as specified in the excluding loans) with, or open whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged monetary value from an emple     Name and address of Employer	(except as specified in the excluding loans) with, or open whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged monetary value from an employer     Name and address of Employer     Name	(except as specified in the excluding loans) with, or open whose employees your organization (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or income.
A. Held an interest in, engaged monetary value from an emple 6. Name and address of Employer Name	(except as specified in the excluding loans) with, or open whose employees your organization (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged monetary value from an emple 6. Name and address of Employer Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if an	(except as specified in the excluding loans) with, or open whose employees your organization (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or income.

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Telephone Number

Form LM-30 (2003)

Walle of Ferson Friday Racy EV 1 DOST 1	, no Name of 5 4 5 5 5 5			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name DONYUSS PlayOff  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2300 Z. Rando MIII Rd.  City AYLINGTON  State TY ZIP Code + 4 70011-  63333	9. Business deals with: a. Labor Organization  b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Licensing Arrangement  The clothar value of this dealing is in exact of \$1,000,000. It is difficult for me to ascertain this amount due to time and confidentiality restraints.			
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	Paid for dinner.			
	12.b. Amount \$50.00			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.			
E				
1. File Number U -	2. Fiscal Year Covered From:			
	01 / 01 / 2004 Through: 17 / 31 / 2004			
Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name 2	Name NFLPA / Players Fric			
	Labor Organization File Number 065-533			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street	Street 2021 L Street NW # 500			
City	city Washington			
State ZIP Code + 4	State   ZIP Code +4   20036			
5. Position in labor organization.				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any	7.b. Amount.			
Street	, , , , , , , , , , , , , , , , , , , ,			
City				
State ZIP Code + 4	Parama			
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	f Perjury and other applicable penalties of the law, that all of the information lying documents), has been examined by the signatory and is, to the best of the			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	f Perjury and other applicable penalties of the law, that all of the information lying documents), has been examined by the signatory and is, to the best of the			

Name of Person Plang Kaven DUST	File Number U- 066 -553			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 5909 Scribtle Place				
City Control City				
State ZIP Code + 4 972008				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:	Licenting Arrangement The dollar vale of this dealing is in excess of \$1,400,000. It is difficult for me to ascertain this amount due to time & confidentiality			
P.O. Box, Bldg., Room No., if any	this amount due to time & confidentiality			
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	Paid for lunch.			
	12.b. Amount. 825.00			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).				
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			
i e e e e e e e e e e e e e e e e e e e				